



# Senate

General Assembly

January Session, 2005

**File No. 409**

Senate Bill No. 1092

*Senate, April 19, 2005*

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

**AN ACT CONCERNING MEDICATION ADMINISTRATION IN  
DEPARTMENT OF MENTAL RETARDATION RESIDENTIAL  
FACILITIES AND PROGRAMS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-14h of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2005*):

3 As used in sections 20-14h to 20-14j, inclusive:

4 (1) "Administration" means the direct application of a medication by  
5 means other than injection to the body of a person.

6 (2) "Day programs", [and] "residential facilities" and "individual and  
7 family support" include only those programs, [and] facilities and  
8 support services designated in the regulations adopted pursuant to  
9 section 20-14j, as amended by this act.

10 (3) "Juvenile detention centers" include only those centers operated

11 under the jurisdiction of the Judicial Department.

12 (4) "Medication" means any medicinal preparation, and includes  
13 any controlled substances specifically designated in the regulations or  
14 policies adopted pursuant to section 20-14j, as amended by this act.

15 (5) "Trained person" means a person who has successfully  
16 completed training prescribed by the regulations or policies adopted  
17 pursuant to section 20-14j, as amended by this act.

18 Sec. 2. Section 20-14i of the general statutes is repealed and the  
19 following is substituted in lieu thereof (*Effective October 1, 2005*):

20 Any provisions to the contrary notwithstanding, chapter 378 shall  
21 not prohibit the administration of medication to persons attending day  
22 programs, [or] residing in residential facilities or receiving individual  
23 and family support, under the jurisdiction of the Departments of  
24 Children and Families, Correction, Mental Retardation and Mental  
25 Health and Addiction Services, or being detained in juvenile detention  
26 centers, when such medication is administered by trained persons,  
27 pursuant to the written order of a physician licensed under this  
28 chapter, a dentist licensed under chapter 379, an advanced practice  
29 registered nurse licensed to prescribe in accordance with section 20-94a  
30 or a physician assistant licensed to prescribe in accordance with section  
31 20-12d, authorized to prescribe such medication. The provisions of this  
32 section shall not apply to institutions, facilities or programs licensed  
33 pursuant to chapter 368v.

34 Sec. 3. Section 20-14j of the general statutes is repealed and the  
35 following is substituted in lieu thereof (*Effective October 1, 2005*):

36 (a) The commissioners of the departments which license the  
37 residential facilities, [or] day programs or individual and family  
38 support services in which the administration of medication in  
39 accordance with section 20-14i, as amended by this act, is appropriate  
40 shall adopt regulations, in accordance with the provisions of chapter  
41 54, to carry out the provisions of sections 20-14h and 20-14i, as

42 amended by this act. If licensing is not required, the regulations shall  
43 be adopted by the commissioners of the departments having authority  
44 over the persons served in such facilities or programs, or receiving  
45 individual and family support. Such regulations shall be adopted by  
46 each affected department in consultation with an advisory task force  
47 which shall include the Commissioner of Public Health, the  
48 Commissioner of Mental Health and Addiction Services, the  
49 Commissioner of Mental Retardation, the Commissioner of Correction  
50 and the Commissioner of Children and Families, or their designees.  
51 The task force shall submit a report to the joint standing committee of  
52 the General Assembly having cognizance of matters relating to public  
53 health by November 1, 1988.

54 (b) The Chief Court Administrator shall (1) establish ongoing  
55 training programs for personnel who are to administer medications to  
56 detainees in juvenile detention centers, and (2) adopt policies to carry  
57 out the provisions of sections 20-14h and 20-14i, as amended by this  
58 act, concerning the administration of medication to detainees in  
59 juvenile detention centers.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2005	20-14h
Sec. 2	October 1, 2005	20-14i
Sec. 3	October 1, 2005	20-14j

**PH**            *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

### **OFA Fiscal Note**

#### **State Impact:**

Agency Affected	Fund-Effect	FY 06 \$	FY 07 \$
Department of Mental Retardation	GF - Cost	Potential Minimal	Potential Minimal
Departments of Mental Health & Addiction Services, Children & Families and Corrections	None	None	None

Note: GF=General Fund

**Municipal Impact:** None

#### **Explanation**

The bill permits people who receive special training to administer medication to people who are receiving individual and family support services provided by the Department of Mental Retardation and requires the department to adopt regulations to carry out these provisions. As the regulations would establish the training criteria and parameters, any fiscal impact to the department would not be incurred until after the regulations have been established. The department will not incur any cost to develop the regulations and any increased costs as a result of expanding the current training program to include this new category is anticipated to be minimal.

The bill will result in no fiscal impact to the Departments of Mental Health & Addiction Services, Children and Families and Corrections.

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**OLR Bill Analysis**

SB 1092

**AN ACT CONCERNING MEDICATION ADMINISTRATION IN  
DEPARTMENT OF MENTAL RETARDATION RESIDENTIAL  
FACILITIES AND PROGRAMS****SUMMARY:**

This bill permits people who receive special training to administer medication to people receiving individual and family support services from certain state agencies. A licensed physician, dentist, advanced practice registered nurse, or physician assistant must prescribe the medication. The bill applies to the Mental Retardation (DMR), Children and Families (DCF), Mental Health and Addiction Services, and Correction departments. The law already permits people with special training to administer medication to people in any of these agencies' residential facilities and day care programs that are not licensed by the Public Health Department and to children in Judicial Department juvenile detention centers.

The agencies that license individual and family support programs or have authority over people who receive such services must adopt regulations governing medication administration and training.

EFFECTIVE DATE: October 1, 2005

**DMR AND DCF MEDICATION ADMINISTRATION TRAINING****DMR**

In order to administer medications in a DMR-operated or -funded residential facility or day program, employees must take a 21-hour course that covers drug classifications, safe medication administration techniques and storage responsibilities, documentation requirements, and relevant laws. They must also pass a written and practical certification exam and be recertified every two years by passing written and practical tests. A nurse or doctor must supervise certified employees' first on-site medication administration and observe them at least once a year. (*Conn. Agency Regs.*, 17a-210-3 and -7).

These requirements do not apply to people who operate private community training homes, which care for three or fewer people. For these people, training must be provided that is specific to the residents' needs. Under DMR regulations, a physician or DMR regional director may require the provider to (1) complete the course required for residential facility employees or (2) demonstrate proficiency in medication administration (*Conn. Agency Regs.*, 17a-210-3(b)).

**DCF**

DCF-licensed residential treatment facilities, group homes, temporary shelters, and similar facilities must designate staff to be trained to administer medication. The training must cover drug types; administration procedures; drug effects, side effects, interactions, adverse reactions, and contraindications; and documentation. It also includes a practical component. Programs using trained staff to administer medication must have policies that define their roles and responsibilities; assure adequate supervision and back up by licensed professionals; and specify drug storage, access, and documentation requirements and procedures concerning administration errors and adverse reactions. They must also provide continuing education (*Conn. Agency Regs.*, 17a-6-12(g)).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Report

Yea 26      Nay 0